SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

7

APPLICATION FOR PERMIT
BAYFIBLD COMNIES, WISCOMSIN

Date Halle (1848) 3 0 2012

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Refund:	Amount Paid:	Date:	Permit #:	びたまない。
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Contractor Name Contractor Phone: Contra	To the state of th			,		☐ Municipal Use			Commercial Ose				Residential Use			Proposed Use		Proposed Construction:					\$ 145,000		, marcila	me ion e &	□ Non-Shoreland	ArShoreland →		Section Z	NW 1/4, S	PROJECT LOCATION	Authorized Agent: (Pers	Contractor:	Address of Property: 72420 Cc	Owner's Name:	TYPE OF PERMIT REQUESTED F
Aalling Address: AB(6 \(\), C\(\), PC(\) \\ \ \ \ \ \ \ \ \ \ \ \ \				_		[[-					lse		_	9 <		tion:	74 2002 4 700 200		Siliess	Relocate (existing bl			■ New Construction	Project (What are you applying f		☐ Is Property/Land v	Xis Property/Land v Creek or Landward s	1 .	1/4		son Signing Application on I			Scholz	
City/State/Z City	er: (explain)	ditional Use: (explain)	cial Use: (explain)		essory Building Addition	essory Building (specif	Ition/Alteration (specif	vile Home (manufactured	with Attached	y padac+ty d+im	with a Deck	with (2"") Porch	with a Porch	with Loft	dence (i.e. cabin, huntin	· · · · · · · · · · · · · · · · · · ·		Editor Clarents Policy	ed for is relevant to it)	† I				n 🗆 1-Story +	100				vithin 300 feet of River, Sti	N, Range	Lot(s)			7/s	T CIW	698	
City/State/Zip: Telephor Te	THE PARTY OF THE P	A AMARITAN	14444 - 14444		n/Alteration (specify)		y)		ening quarters.	arage			A Company of the Comp		g shack, etc.)	rioposed 30 accurs	Proposed Structure	J	Length:			1			l P			ond or Flowage yescontinue →	(ind. Intermittent)	Town of:	Vol &	2-48-		actor Phone: 8/70592	8	2	Address:
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Rec'd for Issualice are signing on behalf of the owner(s) a letter of authorization Authorized Agent: listed on the Deed All Owners

sign or letter(s) of authorization must accompany this

Date

02

Owner(s): _______(If there are Multiple

Mebagamon, Wis Her Kopy of Tax Statement
If you recently purchased the property send your Recorded Deed mpany this application) Date

Address to send permit

986

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	Hold For Fees:	Hold For Affidavit:		C
Date of Approval:)	Sol
	atturden).	8	per BANAGA Prior To	- 7
without we position	HI NO they need to be attached.)	ر ا No	Date of Inspection: と、メイン Condition(s):Town, Committee or Board Conditions Attached? 口Yes L ひまだかれ、かよなくなく COF (69%) 作れれて 杯	Condition(s):Town,
Date of Re-Inspection:	1.00	db, ,		PARK P
	CANADA DE CASTATATA	5.0	Inspection Record: The Moros Ep Shartwee	Inspection
□ Yes	operty Lines Repres Was Pr		Was Parcel Legally	
Case #:	Previously Granted by Variance (B.O.A.)		ວ -	Granted by V
Affidavit Required	Mitigation Required ☐ Yes KNo Mitigation Attached ☐ Yes KNo	us Lot(s)) X No	Q CONTINUE Q Yes (Deed of Record) S Parcel in Common Ownership	Is Pard Is Parcel in
	9	Permit Date: 9.5	ed (Date):	Permit Denied (Date): Permit #:: 」つ 入り
Sanitary Date:	# of bedrooms:	Sanitary Number's	Issuance Information (County Use Only)	ssuance
Use has not begun. The Uniform Dwelling Code. ts.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	mits Expire One (1) Year from t & Two Family Dwelling: ALL N I Town, Village, City, State or Fe	(9) Stake or Mark Proposed Focal NOTICE: All Land Use Pe For The Construction Of New One The loca	
eyor at the owner's expense. Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	Septic Tank (ST), Drain field (DF), Holo	ion(s) of New Construction, S	sed surveyor at the owner's expense.	arked by a licer
Prior to the placement or construction of a structure within ten (A) recording to the owner's expense. other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the minimum required setback, the boundary line from which the setback must be measured must be visible from the proposed site of the structure, or must be prior to the place proposed site of the structure, or must be considered to the proposed site of the structure.	e minimum required setback, the boundary line from f a corrected compass from a known corner within 5	g owner's expense. feet but less than thirty (30) feet from the or verifiable by the Department by use of	Prior to the placement or construction of a structure willing ten it the owner's expense, other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than 1 Prior to the placement or construction of a structure more than ten (10) feet but less than 1 Prior to the placement or construction of a structure more than ten (10) feet but less than 1 Prior to the placement or construction of a structure will be provided to the placement of the placement	ior to the place her previously ior to the place
red must be visible from one previously surveyed corner to the	boundary line from which the setback must be measured must	Feet A Feet A Feet A Feet	Setback to Septic Tank or Holding Latik Setback to Drain Field Setback to Privy (Portable, Composting)	Setback to Septic Tank Setback to Drain Field Setback to Privy (Porti
25 Feet	Setback to Well) Feet	the East Lot Line	etback fror
MA Feet	Setback from 20% Slope Area Elevation of Floodplain	Feet Feet	Setback from the South Lot Line Setback from the West Lot Line	tback fron
/ MI	Settler Motland	Feet	the North Lot Line	thack fron
Creek Pyo Feet	Setback from the Lake (ordinary hig Setback from the River, Stream, Cro Setback from the Bank or Bluff	275 Feet Feet	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	tback from
Measun	Description	Measurement	Description	
be approved by the Planning & Zoning Dept.	Changes in plans must be approve	est point)	complete (1) (7) above (prior to convinuing) (a) Cathacke: (measured to the closest point)	Please con
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P/c Society	REAGE SIDE = 1			
			Show any ().	\ =
and/or() Privy(r)	ain Field (DF); (*) Holding Tank (H I) \cdot (*) Pond	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Show: Show any (*):	(6) (5)
1. 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	North (N) on Flot Flati (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property	on Piot Plan ay <u>and</u> (*) Frontage Road (Na Structures on your Property	Show / Indicate: Show Location of (*):	
		Proposed Construction	Show Location of: Proposed	

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> AYFIELD CONTRIVINGS CONSIN APPLICATION FOR PERMIT

Permit #: Date: Refund: Amount Paid: \$75,000 ST & 34-7

\$ 75.00

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

			I Willichai Ose	Musicipal lice			☐ Commercial Use				Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)		P	□ R	201000 IR			MAN ATM	e ion	□ Non-Shoreland	X/Shoreland → ☐ Is	-	Section 2	\ \ 	PROJECT Lega	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Owner's Name: $\int_{\Omega} U d M = S$	TYPE OF PERMIT REQUESTED—P LAND USE SANITARY	ONSTRUCTION
\downarrow	☐ Speci		Acces	 -	□ Mobi	□ Bunkl						_	+	Dring:	1:	permit being applie	the state of the s	Property	Run a Business on	Relocate (existing bldg)	Conversion	Addition/Alteration	New Construction	Project (What are you applying for)		Property/Land wit	XAs Property/Land within 300 feet of R Creek or Landward side of Floodplain?	Township 48	M 1/4 Go	Legal Description: (Use	gning Application on bel			1	TED→ LAND USE	INTIL ALL PERMITS H
	Special Use: (explain) Conditional Use: (explain)		Accessory Building (s	1 -	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.	nal Structure (firs		d for is relevant to it		☐ Foundation				☐ 1-Story +	★ 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	hin 300 feet of Rive	N, Range	Gov't Lot Lot(s)	(Use Tax Statement)				~	ND USE SANITARY	AVE BEEN ISSUED TO A
	1)		Accessory Building (specify)		ured date)	y, <u>or</u> □ sleeping quarters, <u>or</u>	ed Garage	eck		orch			nting shack, etc.)	Proposed Structure Proposed Structure Proposed Structure	Length:	Length:		n	ent			Loft >> Year Round	☐ Seasonal	s nent Use		e, Pond or Flowage If yescontinue —	XAs Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	W Town of:	CSM Vol & Page	PIN: (23 digits) 04-048-2-48-08-	Agent Phone:	Contractor Phone:	ron River, W	Mailing Address:	PRIVY	
	HARMAN AND AND AND AND AND AND AND AND AND A	TANKS TO SERVICE STATES OF THE SERVICE STATE	ecify)		A CANADA TO THE TAXABLE TO THE TAXAB	ters, or ☐ cooking 8	the state of the s	The state of the s						rty)					None		3	nd 🗆 2	1	# of bedrooms		Distance Struct		ddir	ge Lot(s) No.	21.3 02-	Agent Mailing Addr	Plumber:	1 5484	Rols Los	☐ CONDITIONAL USE	HOW DO I FILL OUT THIS APPLICATION (STATE OUT
	THE PARTY OF THE P		11111	William African		☐ cooking & food prep facilities)					The state of the s	***************************************	1		WIGHT.	Width:	Rone	Compost Foller	- 1		☐ Sanitary (Exists)	New) Sanitary	☐ Municipal/City	V Sewer Is o	The state of the s	Distance Structure is from Shoreline : fee	Distance Structure is from Shoreline: $\mathcal{H} \stackrel{SO}{\overset{O}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}}{\overset{O}}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}}{\overset{O}{\overset{O}}{\overset{O}}{\overset{O}}}{\overset{O}}}{\overset{O}}}{\overset{O}}}{\overset{O}}}}$		Block(s) No. S	000~10000 V	Agent Mailing Address (include City/State/Zip):		7	Lake Nebayamonh	USE SPECIAL USE	S APPLICATION (state of
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_	-	-	1	× × ×	-	-	-	_	_			_	-	ons)	180	Height:				ulted (min 200 gallon)		Hold York				No	Is Property in Floodplain Zone?		Acrosop	t: (i.e. Prop	Written A Attached	Plumber	7/5	Cell Phon	\ □ C	t y lace to the second
				2000		***								Square Footage				****		on)		1.	_	Wate		No is	Are Wetland Present?	0 h.	Q D	Recorded Document: (i.e. Property Ownership) Volume 921 Page(s) (05), 40	Written Authorization Attached □ Yes □ No	Phone:	100/2	Cell Phone:	OTHER	(9:00:6)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete, I (we) acknowledge that I (we) am (are) providing and that It will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property as any reasonagle time for the purpose of inspection. 108

Authorized Agent:

Owner(s): (If there are Multiple

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

must sign or letter(s) of authorization must accompany this application)

Date

Date

Cobagamen WI U SUBYO If you recently "

Attach
Copy of Tax Statement
purchased the property send your Recorded Deed

Rec'd for Issuane

AD'S

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Lake

Signature of inspector:	petion: s):Town, Co	was Proposed Building Site Delineated Inspection Record: hopospy keep Appear 5 - to Gardund - v)	☐ Yes 📉No Case #: Was Parcel Legally Created	Is Parcel a Sub-Standard Lot	Permit Denied (Date): Permit # 12 -0333	For The Construction Of New O The Ic Issuance Information (County Use Only)	(9) Stake or Mark Propo	Prior to the placement or construction or a surunuae who other previously surveyed corner or marked by a licensed prior to the placement or construction of a structure more one previously surveyed corner to the other previously surveyed corner to the other previously surveyed to the other previou	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road	(8) Setbacks: (measured to the closest point) Description Meas	Please complete (1) – (7) above (prior to continuing)	BANG & CAH A	Huy	A			>Z	(a) Show Location of: (b) Show / Indicate: (c) Show Location of (*): (d) Show: (e) Show any (*): (f) Show any (*): (g) Show any (*):
Lold For Affidavit	mmittee or Board Conditions Attached? ☐ Yes ☐ No -(If No	PERMIT LAY BE	Xyes □ No	(Deed of Record) X No (Fused/Contiguous Lat(s)) X No	Reason for Denial: Permit Date: 95	ne & Tw cal Tow	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.	Prior to the placement or construction of a structure within ten 124 rect, or the immunity reverses of the previously surveyed corner or marked by a licensed surveyor at the owner's expense. The prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be prior to the placement or the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner.	NA Fee		600 Feet	180 Feet 170 Feet	o the closest point) Measurement	r to continuing)	Just Mek	canst.	New	guage construction			Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
rr. □ Hold For Fees: □	(If <u>No</u> they need to be attached.)	CANSON DE CEL PRINCEN	Were Property Lines Represented by Owner Was Property Surveyed	Mitigation Required	12	nicipalities Are Required To Enforce The Uleral agencies may also require permits. # of bedrooms:	<pre>ptic Tank (ST), Drain field (DF), Holding ptic Tank (ST), Drain field (DF), Holding ptic Tank (ST)</pre>	ninimum required setback, the boundary line from whic corrected compass from a known corner within 500 fee	et Setback to Well et t t t t t t t t t	Setback from 20% Slope Area Elevation of Floodplain	Setback from the Bank or Bluff Setback from Wetland	Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek	Description	Changes in plans must be approve	ek		130° × 1320	76.		For lite - Ph	me Frontage Road) sin Field (DF); (*) Holding Tank (HT) and (*) Pond
Date of Approval: 8-31-12	Date of Re-Inspection:	- KI	mer XYes □No	Affidavit Required □ Yes KNo Affidavit Attached □ Yes KNo Case #:		Sanitary Date:	Tank (HT), Privy (P), and Well (W). Tan not begun.	the setback must be measured must be visible from to the proposed site of the structure, or must be	visible from one previously surveyed corner	NA Feet NA Feet		water mark) NH Feet NH Feet NH Feet	Measurement	pproved by the Planning & Zoning Dept.			o' = do k		,		/or (*) Privy (P)

SUP TIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BANBIET COUNTY IN BOUNDA APPLICATION FOR PERMIT SEP 06 2012

Date: Refund: Permit #: Amount Paid: BOS NATE OF THE PARTY OF THE PARTY

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept.

I (we) declare that this applic am (are) responsible for the may be a result of Bayfield above described property at Owner(s):				🗀 Municipal Use	III-		☐ Commercial Use			X Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (99	1°8		donated time & material		୍ମି Non-Shoreland	□ Shoreland → X	2		38	1/4,	PROJECT Le	Authorized Agent: (Person	S	11315 N.	Address of Property:	Jeffres	TYPE OF PERMIT REQUESTED
FAILURE TO OB likation (including any accompanying in the detail and accuracy of all information di Gounty relying on this information at any reasonable time for the purpose le quaders listed on the Deed Al	☐ Conditional Use Ø Other: (explain)_	☐ Special Use: (explain)			Addition/Alteration	-	Se					□ Principal Str		ion:	Existing Structure: (if permit being applied for is relevant to it)	and the state of t	Run a Business on	sting bldg)	Conversion Conversion	_		Project (What are you applying for)		s Property/Land within 10	Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	, lownship	& T	1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Application on benali of Owner(s)	! !	Lows Lake R	\	ASpres	TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE ☐ SANITARY
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct providing on the information i (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to is determining whether to is determined, whether to isolate to county officials charged with adopting the application. I well consent to county officials charged with adopting the application of the purpose of inspection. The devaluation of the purpose of inspection.	Other: (explain) Carpert	(explain)	≥		Addition/Alteration (specify)	Bunkhouse w/ (☐ sanitary, or ☐ sleepin	with Attached Garage	with (2 nd) Deck	with (2 nd) Porch	with a Porch	with Loft	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Propose		relevant to it) Length:	1	No Basement Foundation	1 1	2-Story	1-Story	J	# of Stories and/or basement		★ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue The property Post Post Post	Stream If yes-	118cc W	8	Lot(s) CSM Vo	atement) 04- 048- 2		1	Contractor Phon	City/State/Zip:	(1315 N)	E SANITARY PRIVY
STRUCTION WITHOUT A PERMIT (us) and to the best of my (our) knowle will be relied upon by Bayfield county application. I (we) consent to county application. I (we) consent to county of authorization must application of authorization must applicate the state of the	Address:	and the state of t	n (specify) Otto		Action of the control	☐ sleeping quarters, <u>or</u> ☐ cooking & fo		14 (A)	A PROPERTY OF THE PROPERTY OF	minking or an analysis of the second of the		oroperty)	Proposed Structure	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			None	<u> </u>	3 1	Seasonal 1	pedipolits	Use #		\	Ittent)	Tripp	. [-48-08-35-3	8		e: Plumber:	ownsh; p	onglake Rd Iro	CONDITIO
	(30	((%)			☐ cooking & food prep facilities) (111111111111111111111111111111111111111			Dim	Width: 26		None	Portable (w/service contract) Compost Toilet	Privy (Pit) or	Sanitary (Exists) S	(New) Sanitary Specify Type:		What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline : /SO feet	<u> </u>		Lat Size	Block(s) No. Subdivision:	- 30000	Recorded Doc	Agent Mailing Address (include City/State/Zip):	1 484	15.00	N R; Ver 4	JSE 🗆
d complete. I (we) acknowledge that I (we) permit. I (we) further accept liability which is county ordinances to have access to the Plate 9/6/12	× 24	×	7 080 T	x)		×	×	×	× ×	X	X)	×	Dimensions Square Footage	Height: F/		- Application of the state of t	act)	Vaulted (min 200 gallon)	CAU	X		of System Water			Is Property in Are Wetlands Floodplain Zone? Present?	۸.,	Acreage		Page(s)	Attached Yes No	Written Authorization	Plumber Phone:	Cell Phone:	11 2 19	B.O.A. OTHER Telephone:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Date

(1)